

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Katie Appel

Died at <sup>near</sup> Upper Cross Roads <sup>Town</sup>Harford <sup>County</sup>

MARYLAND

Date of death 1909 <sup>Month</sup> March <sup>Day</sup> 10Age 5 <sup>Years</sup>Months 5Days 13Sex FemaleColor or Race WhiteBirth-place Harford County Md.

Occupation \_\_\_\_\_

Where Residing if not  
at place of death \_\_\_\_\_Married, Single  
or Widowed \_\_\_\_\_Name of Wife or  
Husband \_\_\_\_\_Father's Name John AppelFather's Birthplace Balto. Co. Md.Mother's Maiden Name Annie HitchcockMother's Birthplace Harford Co. Md.Name of person giving  
In formation John AppelHow related  
to deceased Father

## CAUSES OF DEATH

8

Primary

Hooping cough

How long

1 month

Immediate

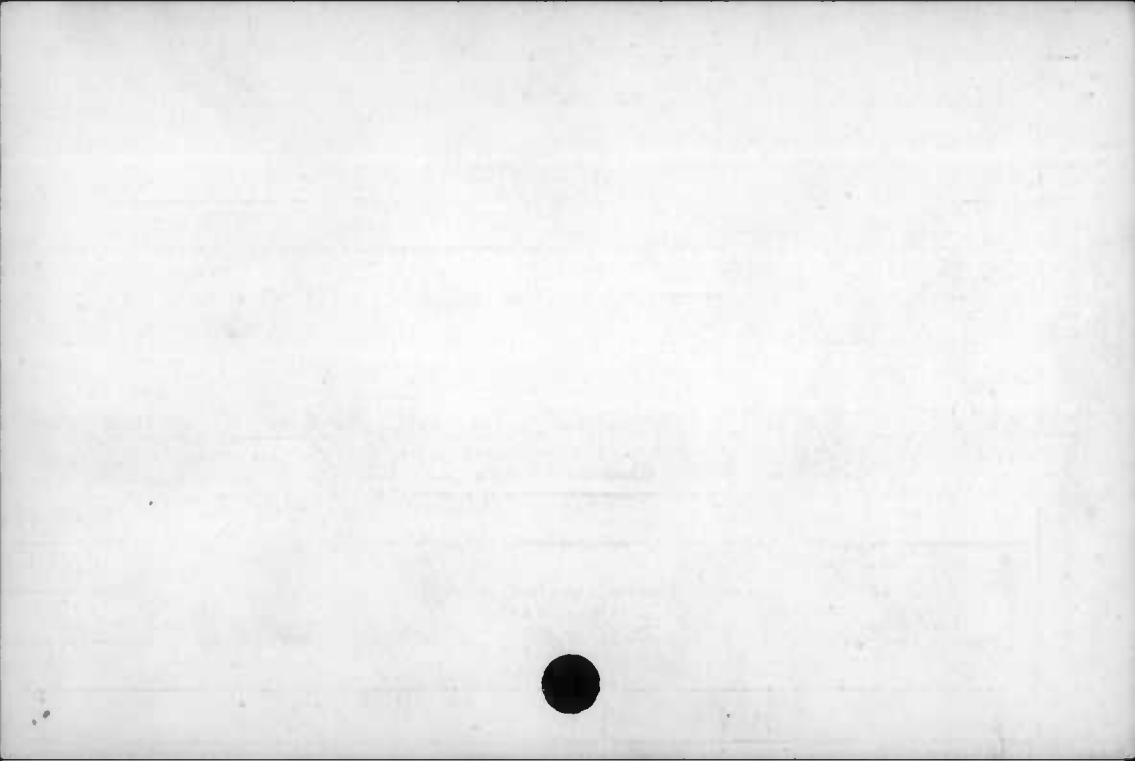
Pneumonia

How long

1 weekAre the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. S. GreenStittings, Md.Accident or Suicide?



Name  
in  
Full

Etta V. Arthur

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

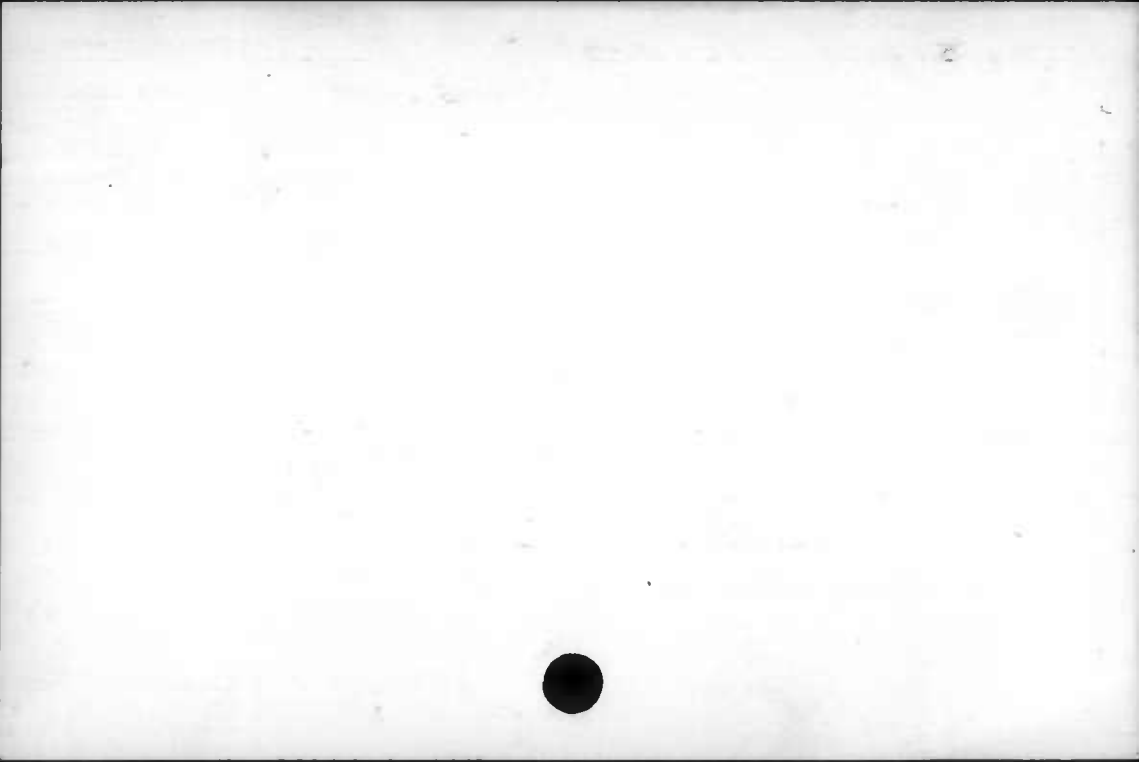
Died at <i>Aberdeen</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>9</i>	Month <i>March</i>	Day <i>25</i>	Age <i>46</i>	Months <i>5</i>	Days <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Bush Chapel</i>		
Occupation <i>House wife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of <del>Wife</del> Husband <i>Harry L. Arthur</i>				
Father's Name <i>James Wells</i>	Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>Imelia Hallis</i>	Mother's Birthplace <i>Harford Co Md.</i>				
Name of person giving Information <i>Harry L. Arthur</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <i>La Grippe</i>	How long <i>5 days</i>
Immediate <i>Pneumonia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Chas. H. Krite</i>
	Address <i>Aberdeen Md.</i>
Accident or Suicide <i>—</i>	



Name  
in  
Full

Laura V. Banks

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

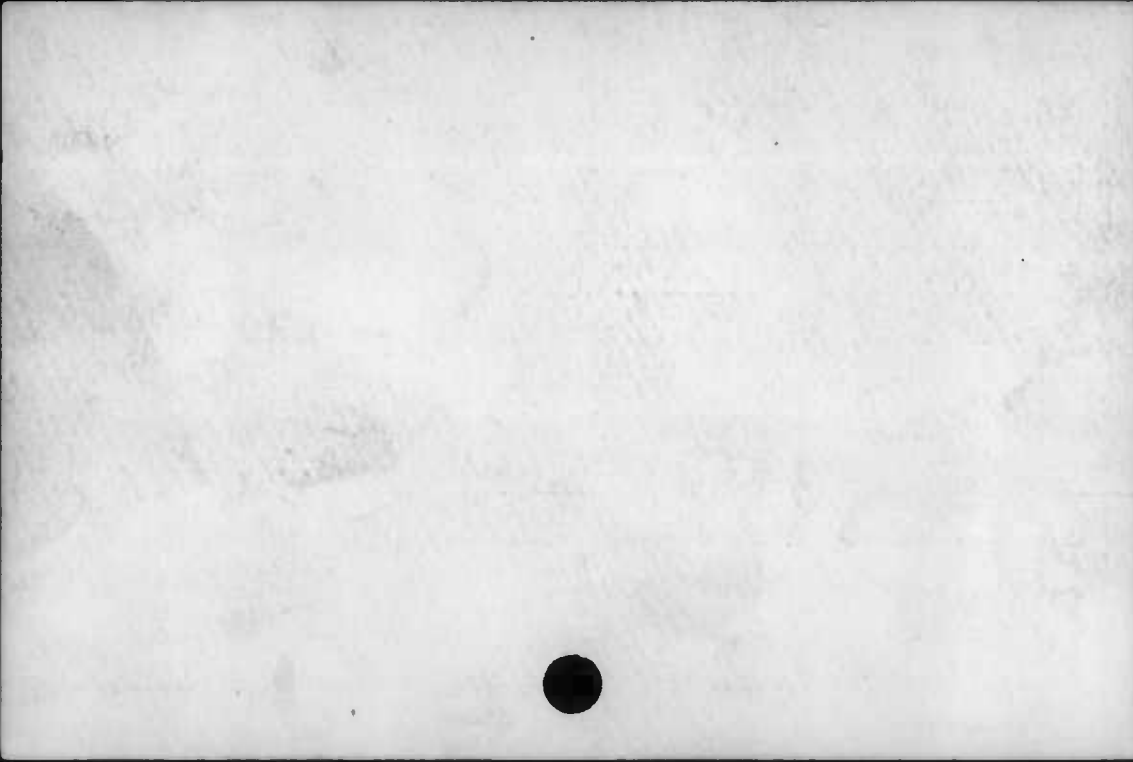
Died at		Town Havre de Grace		County Harford		MARYLAND	
Date of death		Month Mar	Day 26	Year 1909	Months 8		Days 4
Sex Female		Color or Race Col		Birth-place Baltimore Md			
Occupation housework		Where Residing if not at place of death yes					
Married, Single or Widowed single		Name of Wife or Husband —					
Father's Name Sam Kelly				Father's Birthplace West Chester			
Mother's Maiden Name Mary E. Banks				Mother's Birthplace Baltimore			
Name of person giving information Harsh				How related to deceased			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Chronic Bright's disease	How long some weeks
Immediate	convulsions	How long —
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician A. C. Brothman
		Address Havre de Grace Md
Accident or Suicide?		



Name in Full		Benjamin Black				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Haltoma		County Hayford		MARYLAND	
	Date of death	1909	Month 3	Day 11	Age 36	Months	Days
	Sex	Male		Color or Race	Colored		Birth-place Hayford Co.
	Occupation	Waiter			Where Residing if not at place of death		
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Soloman Black				Father's Birthplace	Hayford Co.
	Mother's Maiden Name	Maria				Mother's Birthplace	Hayford Co.
Name of person giving information	Elizabeth Clark				How related to deceased	Sister in law	
				CAUSES OF DEATH		27	
PHYSICIAN OR CORONER	Primary	Pulmonary tuberculosis				How long	about 1 year
	Immediate	Hemorrhage				How long	Immediately
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician F. Lee Hughes		
					Address Bel Air		
	Accident or Suicide?				md.		

Alaska Studies



Name  
in  
Full

Benjamin Cole

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

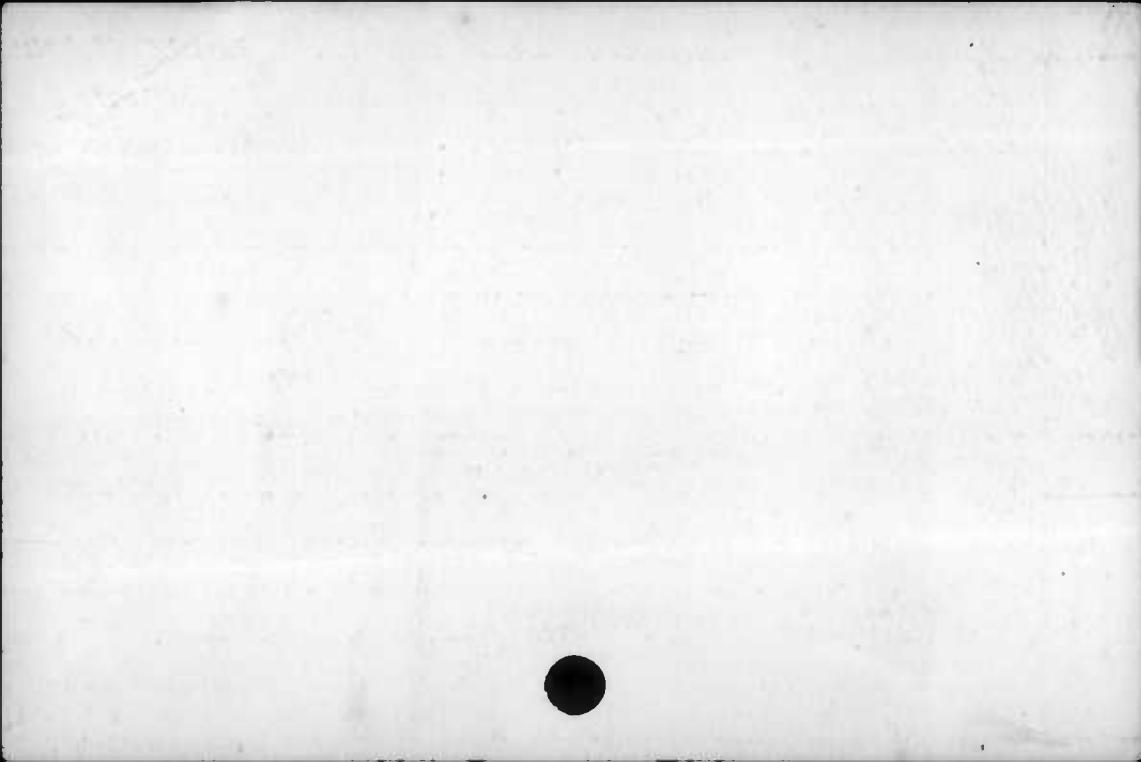
Died at <i>Locus Hill</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Mar</i>	Day	<i>20</i>
Age	<i>82</i>	Years		Months	
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth-place	<i>Locus Hill</i>
Occupation	<i>Farmer</i>	Where Residing if not at place of death <i>Locus Hill</i>			
Married, <i>S</i>	Name of Wife or <i>Fanny H Cole</i>				
Father's Name	<i>Ben Cole</i>			Father's Birthplace	<i>Locus Hill</i>
Mother's Maiden Name	<i>Elizabeth Arnold</i>			Mother's Birthplace	<i>Near Aberdeen</i>
Name of person giving information	<i>Fanny H Cole</i>			How related to deceased	<i>Wife</i>

## CAUSES OF DEATH

50

PHYSICIAN  
OR CORONER

Primary	<i>Diabetes Insipidus</i>	How long	<i>About 2 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 mos.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>James H. Kennedy</i>	
		Address <i>Aberdeen Md</i>	
Accident or Suicide?			



Name  
in  
Full

Sarah G. Cord

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

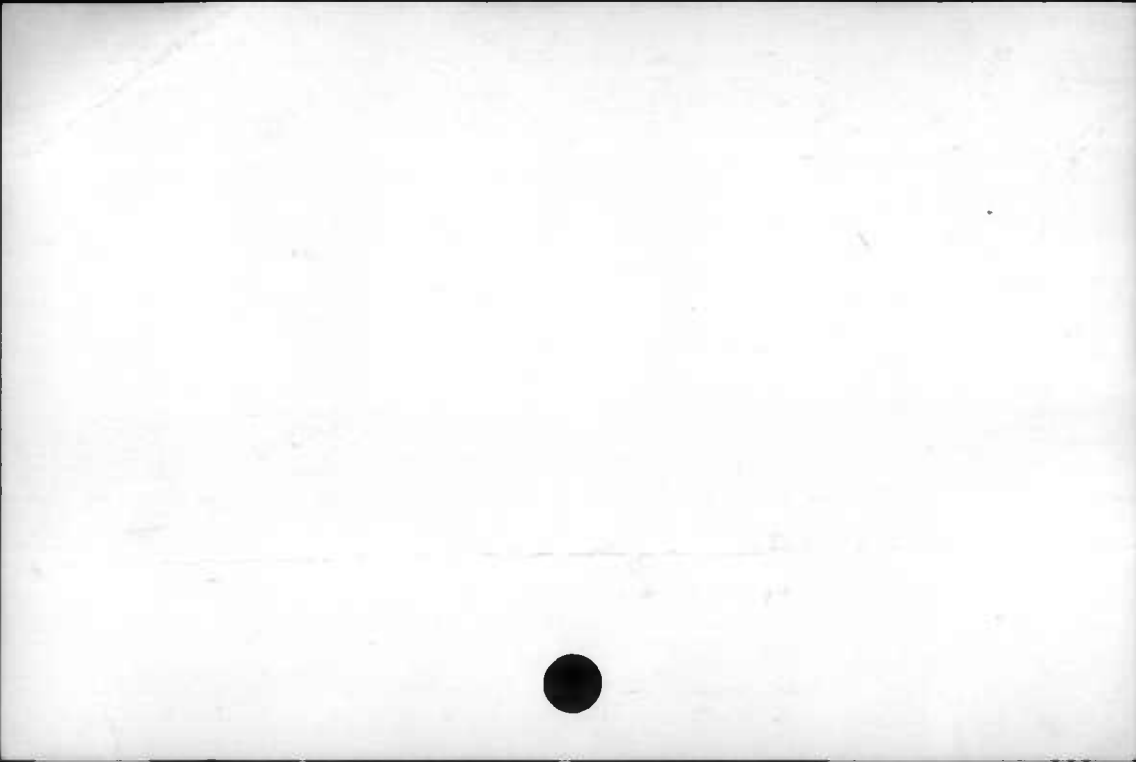
Died at <i>Aldino</i> <sup>Town</sup>		<i>Hagerst</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month	<i>March</i>	Day	<i>15</i>
Age		<i>80</i>		Months	<i>—</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Baltimore, Md.</i>
Occupation	<i>House work</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Albert Cord</i>		
Father's Name	<i>Benj. P. Watts</i>		Father's Birthplace	<i>Not known</i>	
Mother's Maiden Name	<i>Mary Ann Magness</i>		Mother's Birthplace	<i>Not known</i>	
Name of person giving Information	<i>Rosie Linsmore</i>		How related to deceased	<i>Daughter</i>	

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>Senile Degeneration</i>	How long	<i>6 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 mos</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>Chas. H. White</i>
		Address	<i>Aldino, Md.</i>
Accident or Suicide <i>—</i>			



Name  
in Full

CERTIFICATE OF DEATH

Mrs. Rebecca Corbren

Died at

Darlington <sup>Town</sup> Ct D

County

Harford

MARYLAND

Date of death

1909

Month

3

Day

13

Age

Years

84

Months

—

Days

14

Sex

Female

Color or Race

white

Birth-place

Ma

Occupation

None

Where Residing if not at place of death

~~Married, Single~~  
~~Widowed~~

Name of ~~Wife or~~  
Husband

Moses Corbren

Father's Name

Michael Christopher

Father's Birthplace

Balto Md

Mother's Maiden Name

Mary Stockett

Mother's Birthplace

Balto Md.

Name of person giving Information

Harry Silver

How related to deceased

nous

CAUSES OF DEATH

Primary

Senility

How long

154  
6 mo

Immediate

Exhaustion

How long

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician

Address

W B Kirk M D  
Darlington Md

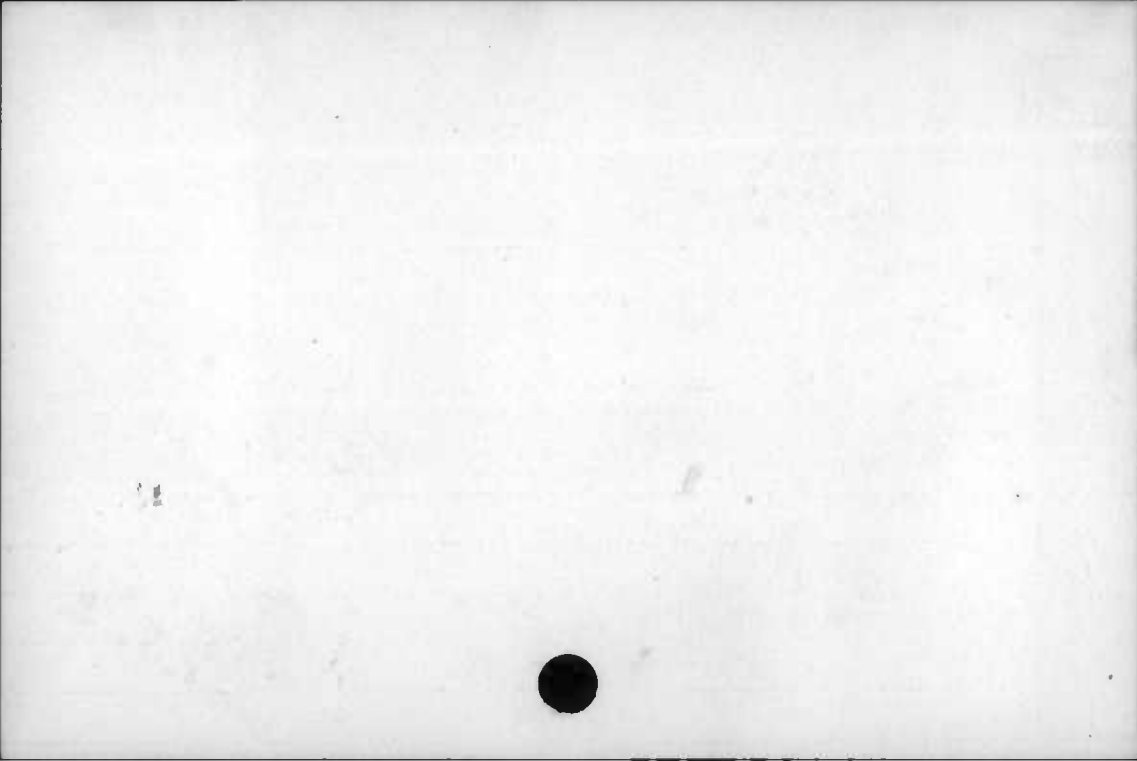
Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name in Full		Maggie Hazel Deckman				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Pool	Town	Harford	County	MARYLAND		
	Date of death	1909	Month	Mar	Day	7	Age	
					Years			
					Months	11	Days	
						28		
	Sex	Female	Color or Race	White	Birth place	Pool, Md.		
	Occupation			Where Residing if not at place of death				
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed			Name of Wife or Husband				
	Father's Name	James P. Deckman				Father's Birthplace	Harford Co. Md.	
	Mother's Maiden Name	Martha Wiley				Mother's Birthplace	Ireland	
	Name of person giving information	J. P. Deckman				How related to deceased	Father	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary						How long	6
	Immediate	Measles					How long	4 days
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician		
						Address		
						Darlington, Md.		
Accident or Suicide?								





Name  
in  
FullUnmarried <sup>Senbow</sup> Child a twin <sup>No 1</sup>

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

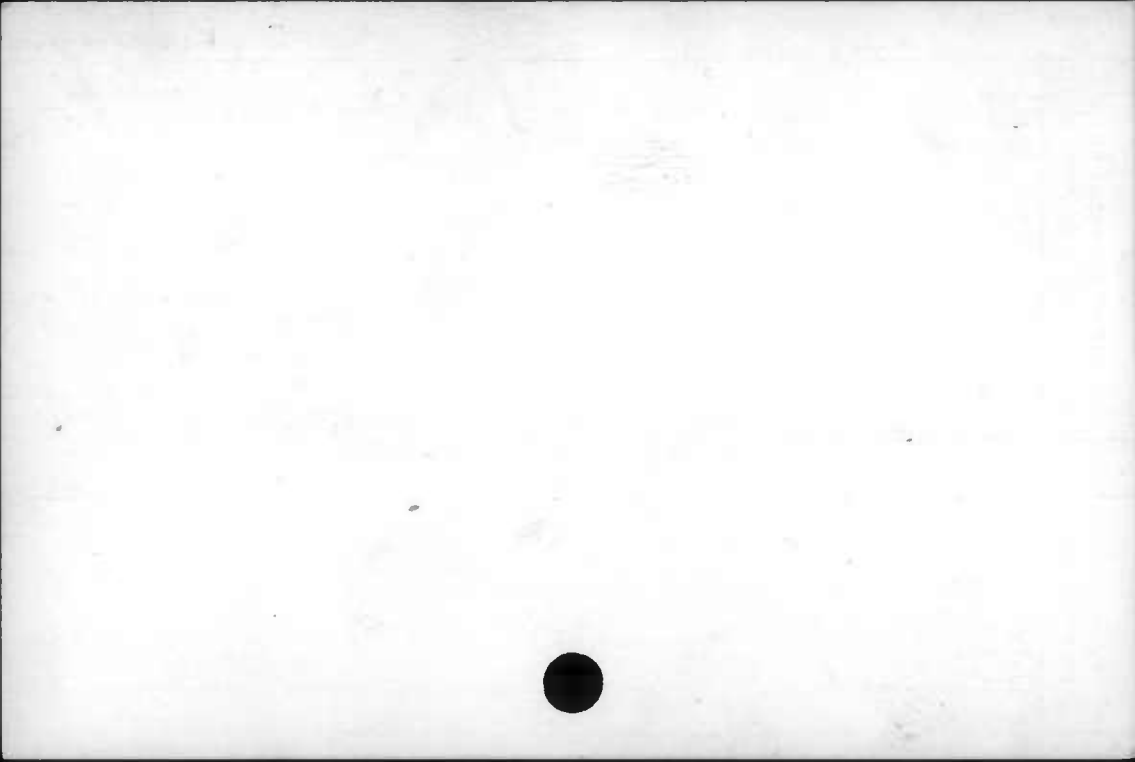
Died at <u>Coopertown</u> <sup>Town</sup>		<u>Harford</u> <sup>County</sup>		MARYLAND	
Date of death 1909 <u>March</u> <sup>Month</sup>		<u>31</u> <sup>Day</sup>	Age <u>      </u> <sup>Years</sup>	<u>      </u> <sup>Months</sup>	<u>      </u> <sup>Days</sup>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Coopertown Md</u>	
Occupation <u>      </u>			Where Residing If not at place of death <u>      </u>		
Married, Single <u>      </u> or Widowed <u>      </u>		Name of Wife or Husband <u>      </u>			
Father's Name <u>Samuel S Denbow</u>			Father's Birthplace <u>Harford Co Md</u>		
Mother's Maiden Name <u>Teresa Drame</u>			Mother's Birthplace <u>      </u>		
Name of person giving Information <u>S S Denbow</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

176

PHYSICIAN  
OR CORONER

Primary	<u>Delayed delivery (1 of locked twins)</u>	How long	<u>20 minutes</u>
Immediate	<u>Asphyxiation</u>	How long	<u>      </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>H. F. Bradley</u>	
		Address <u>Garrettsville Md</u>	
Accident or Suicide <u>      </u>			



Name  
in  
Full

Unnamed <sup>Denbore</sup> Child a Twin #2

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

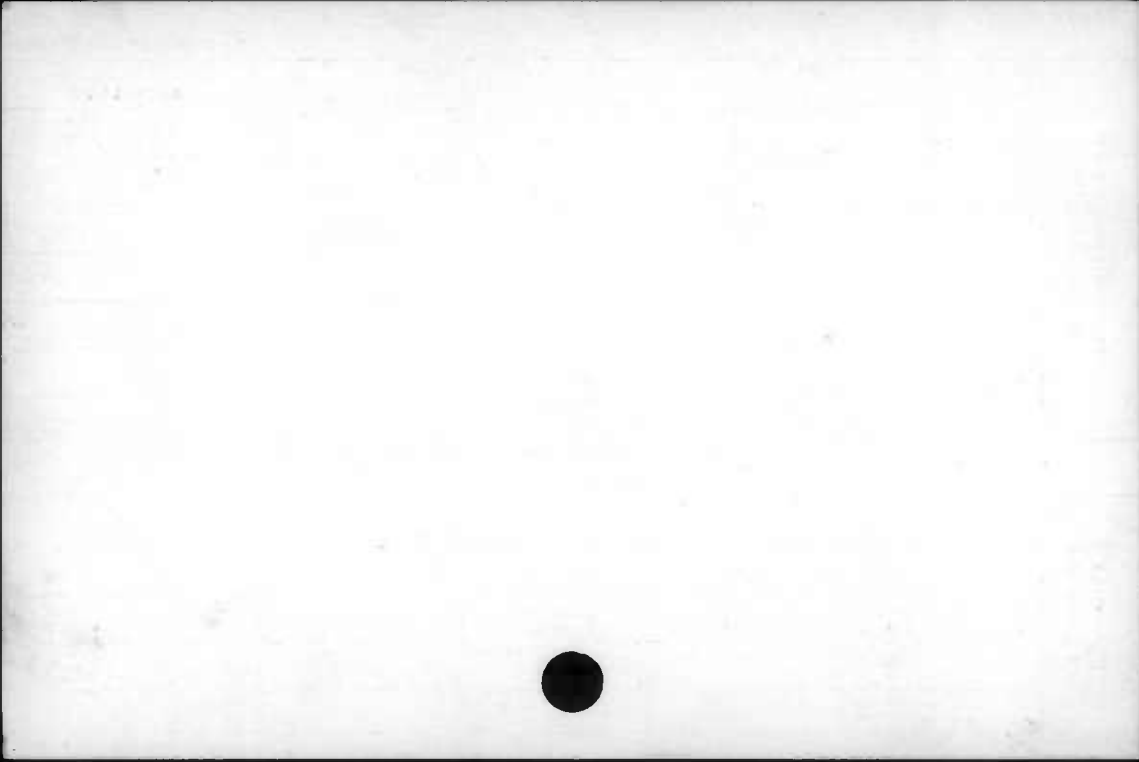
Died at <u>Georgetown</u> Town		<u>Harford</u> County		MARYLAND	
Date of death 1909 <u>March</u> Month		<u>31</u> Day		<u>—</u> Months	
Age <u>—</u> Years		<u>—</u> Days			
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Georgetown</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Samuel S Denbore</u>		Father's Birthplace <u>Harford Co Md</u>			
Mother's Maiden Name <u>Teressa Drame</u>		Mother's Birthplace <u>" " "</u>			
Name of person giving Information <u>S S Denbore</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

176

PHYSICIAN  
OR CORONER

Primary	<u>Delayed delivery (of locked twins)</u>	How long	<u>20 minutes</u>
Immediate	<u>Asphyxiation</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>H. F. Bradley</u>	
		Address <u>Garrettsville Ind.</u>	
Accident or Suicide <u>—</u>			



Name in Full <b>John Wilson</b>		CERTIFICATE OF DEATH	
Died at <b>Bel Air</b> <small>Town</small>		<b>Harford</b> <small>County</small>	
Date of death <b>1909</b> <small>Year</small>		<b>Mar</b> <small>Month</small>	
<b>22</b> <small>Day</small>		<b>2</b> <small>Years</small>	
<b>Male</b> <small>Sex</small>		<b>Black</b> <small>Color or Race</small>	
<b>Ind.</b> <small>Birth-place</small>		<b>Ind.</b> <small>Birth-place</small>	
<b>Occupation</b>		<b>Where Residing if not at place of death</b> <b>Bel Air</b>	
<b>Married, Single or Widowed</b> <b>Single</b>		<b>Name of Wife or Husband</b>	
<b>Father's Name</b> <b>Elligitamati</b>		<b>Father's Birthplace</b>	
<b>Mother's Maiden Name</b> <b>Lallie Wilson</b>		<b>Mother's Birthplace</b> <b>Ind.</b>	
<b>Name of person giving information</b> <b>Lallie Wilson</b>		<b>How related to deceased</b> <b>Mother</b>	
<b>CAUSES OF DEATH</b>			
<b>Primary</b> <b>Pneumonia lobar</b>		<b>How long</b> <b>7 days</b>	
<b>Immediate</b> <b>Toxemia</b>		<b>How long</b> <b>2 "</b>	
<b>Are the name, age, sex, color, date and place correctly given above?</b>		<b>Signature of Physician</b> <b>Purnell W. H. H. H.</b>	
		<b>Address</b> <b>Bel Air</b>	
<b>Accident or Suicide?</b>			

Hudson Hill

Name  
in  
Full

Richard Eugene Bonahoo

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

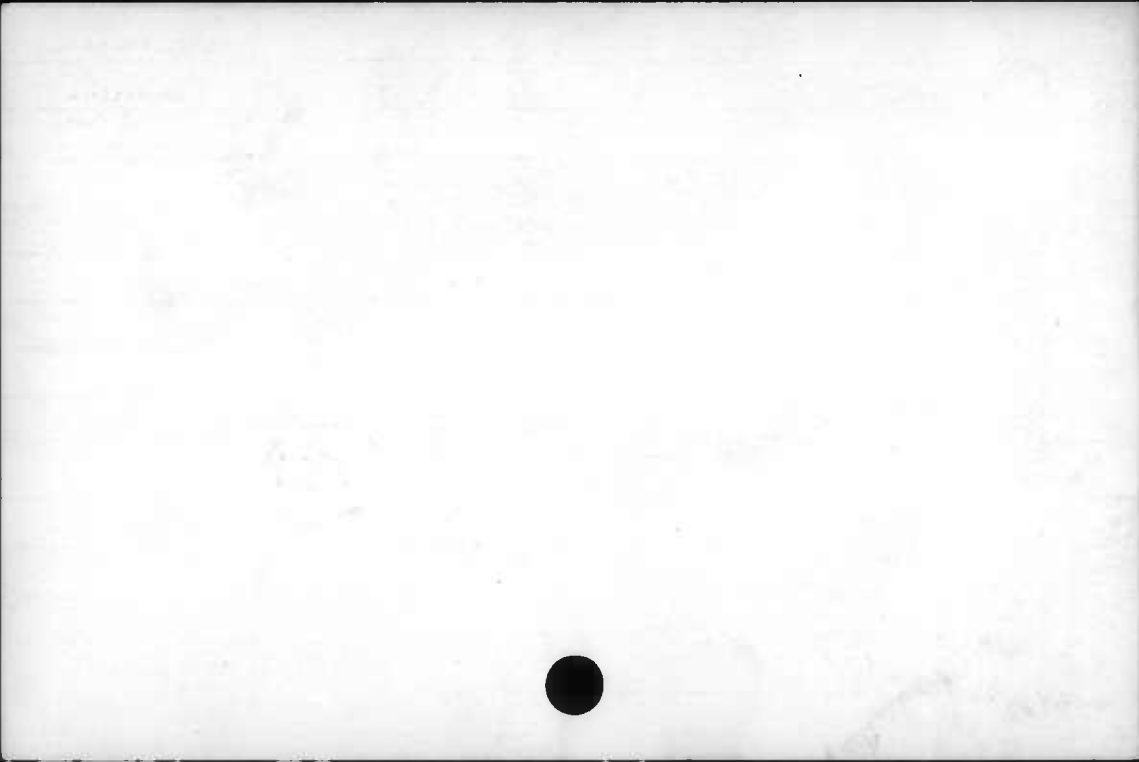
Died at <u>Edgewood</u> <small>Town</small>		<u>Starford</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u> <small>Year</small>	<u>March</u> <small>Month</small>	<u>3</u> <small>Day</small>	Age <u>12</u> <small>Years</small>	<u>hours</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Starford Co Md</u>		
Occupation <u>Infant</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Thurdon P. Bonahoo</u>			Father's Birthplace <u>Starford Co Md</u>		
Mother's Maiden Name <u>Stella Elizabeth Stevens</u>			Mother's Birthplace <u>Starford Co Md</u>		
Name of person giving Information <u>Thurdon P. Bonahoo</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

Primary <u>Cyanosis</u>	How long <u>1 1/2 hours</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Chas E Roth</u>
	Address <u>Edgewood Md</u>
<u>Accident or Suicide</u>	





Name  
in  
Full

CERTIFICATE OF DEATH

John H. Engle

MARYLAND

Died at

Rutledge

County

Harford

Date

of death

1909

Mar.

Day

22

1:00 PM

Age

78

Months

5

Days

27

Sex

Male

Color or  
Race

White

Birth-  
place

Delaware

Occupation

Carpenter

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widower

Name of Wife or  
Husband

Sarah Elizabeth Brady

Father's  
Name

John Engle

Father's  
Birthplace

Not known

Mother's  
Maiden Name

Hannah Springer

Mother's  
Birthplace

Delaware

Name of person giving  
Information

J B Engle

How related  
to deceased

Son

CAUSES OF DEATH

106

Primary

Enteritis

How long

7 weeks + 2 days

Immediate

Heart disease

How long

1 year + 2 months

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Thos. H. Emory, D.

Address

Montebello, Md.

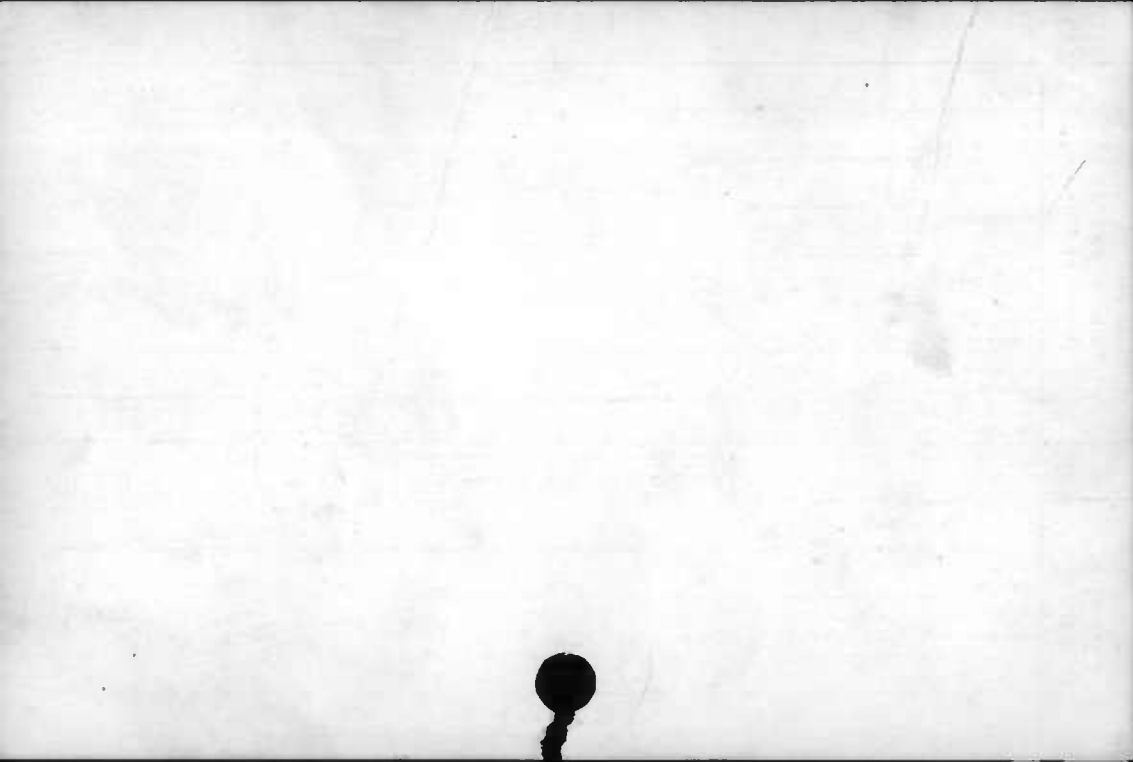
Accident or Suicide

no

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

6



Name  
in  
Full

William Franklin Evans

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

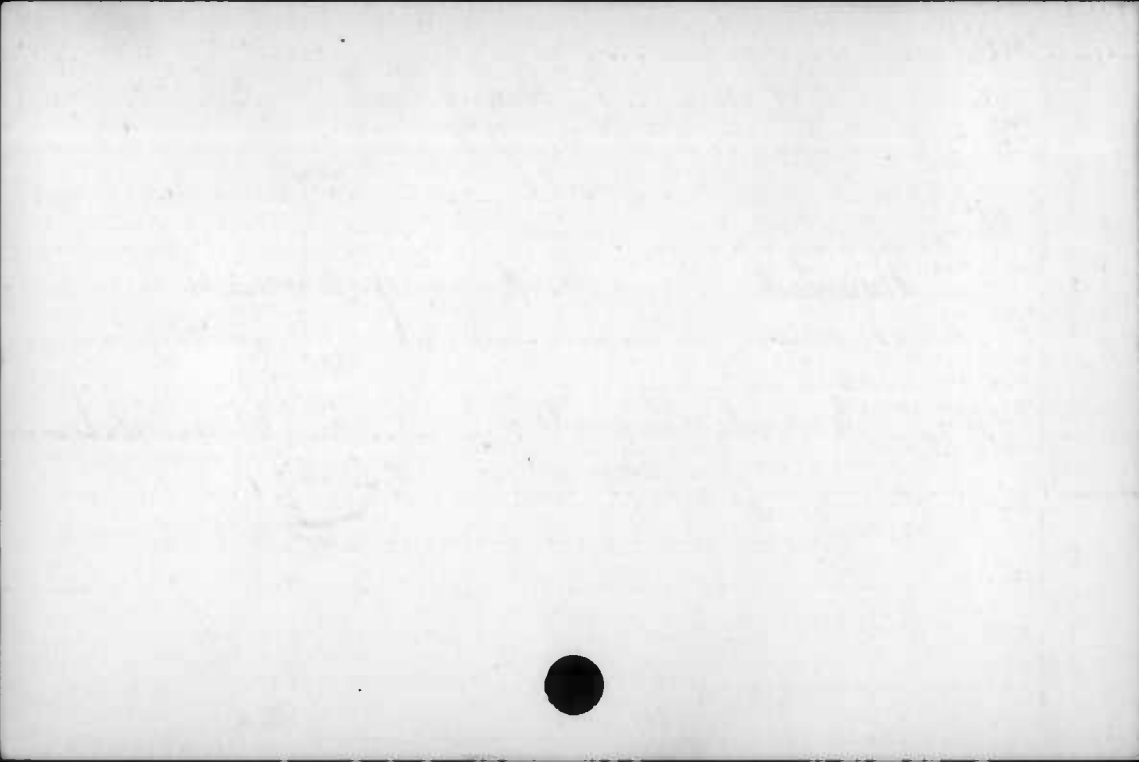
Died at <i>Haverhill</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Mar</i>	Day <i>1</i>	Age <i>2</i>	Months <i>3</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Haverhill Mass</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>Haverhill Mass</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>Lewis Evans</i>			Father's Birthplace <i>Pennsylvania</i>		
Mother's Maiden Name <i>Elizabeth Adams</i>			Mother's Birthplace <i>Cecil County</i>		
Name of person giving information <i>Lewis Evans</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	<i>Bronch Pneumonia</i>	How long	<i>12 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>F. W. Steeper</i>	
		Address <i>Haverhill Mass</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

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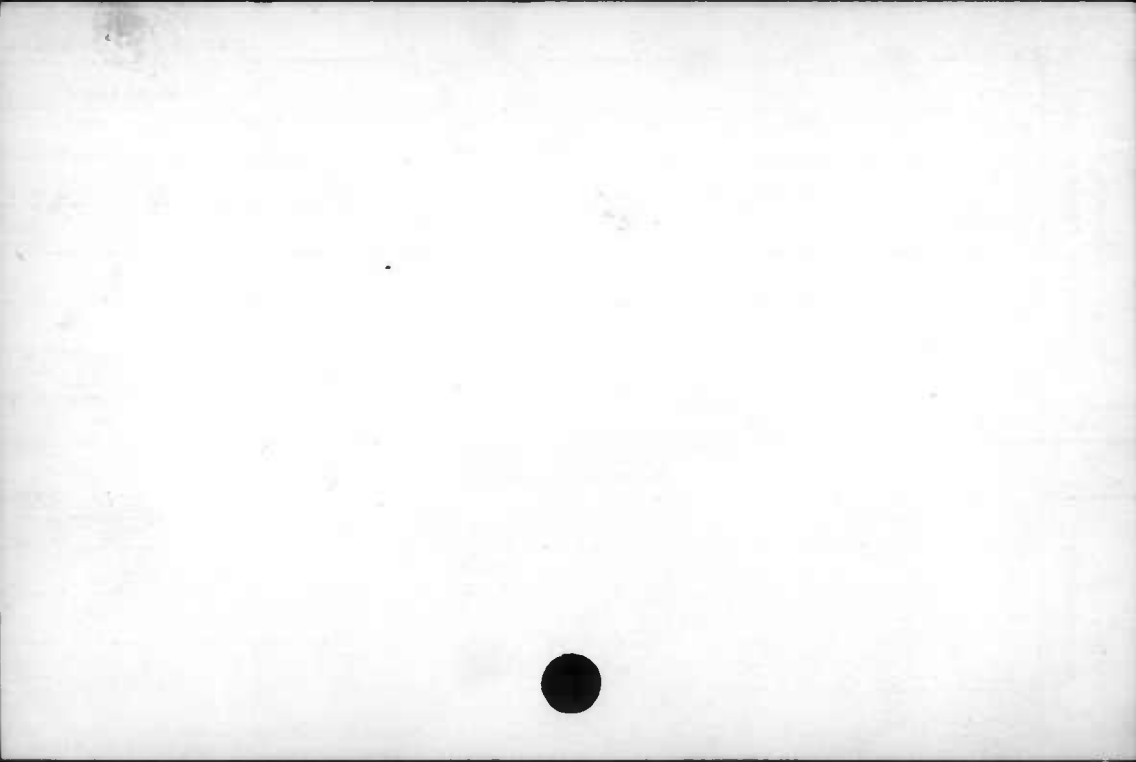
Died at <i>Coopertown</i>		County <i>Harford</i>		MARYLAND	
Date of death	Month	Day	Year	Age	Months
1909	Mar	5 <sup>th</sup>	5 <sup>AM</sup>	57	0
Sex	Color or Race	Birth-place			
Female	White	Philadelphia, Pa.			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband			
Married		Andrew J. Everett			
Father's Name	Father's Birthplace				
Thomas Jones	Pennsylvania				
Mother's Maiden Name	Mother's Birthplace				
Not Known	Not Known				
Name of person giving Information	How related to deceased				
Sarah Everett	Daughter				

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>About 1 week</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
yes		<i>H. F. Bradley</i>	
		Address	
		<i>Garrettsville</i>	
		<i>MO.</i>	
Accident or Suicide			



Name  
in  
Full

Annie Maria Galloway

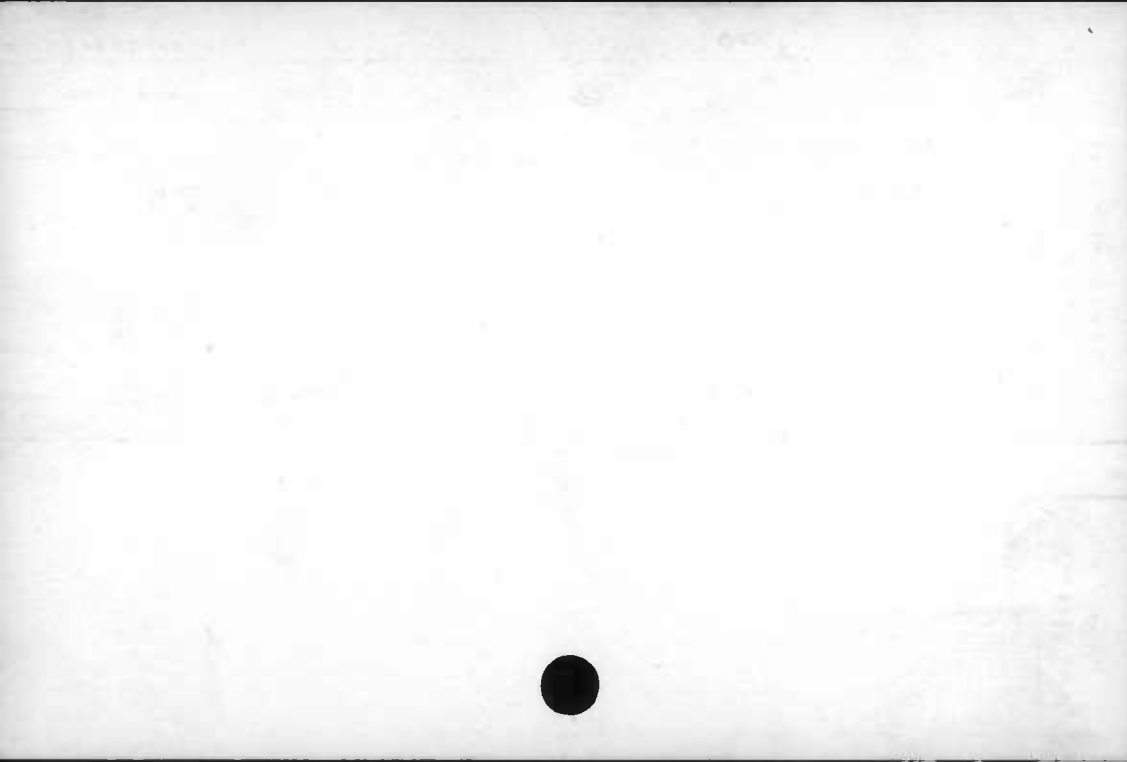
CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		3	15	49	-	-	
Sex		Color or Race		Birth-place			
Female		Black		Harre de Grace			
Occupation		Where Residing if not at place of death					
House work		" " "					
Married, Single or Widowed		Name of Wife or Husband					
Widow		Benjamin Galloway					
Father's Name		Father's Birthplace					
Daniel Ross		Harford Co					
Mother's Maiden Name		Mother's Birthplace					
Unknown		Unknown					
Name of person giving Information		How related to deceased					
William Galloway		Son					

CAUSES OF DEATH

Primary	Acute Articular Rheumatism	How long	2 Months
Immediate	Heart Failure	How long	Instant
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
Yes		J. W. Steiner	
		Address	
		Harre de Grace	
Accident or Suicide			

47





Name  
in  
Full

Carl R. Grafton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bel Air</u> <sup>Town</sup>		County <u>Harford</u>		MARYLAND	
Date of death	1909	Month	Mar	Day	30
Age	Years		Months		Days
Sex	Male		Color or Race	White	
Occupation			Birth-place	Ind.	
Where Residing if not at place of death			Bel Air		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			C. R. Grafton		
Mother's Maiden Name			Anna M. Pyle		
Name of person giving information			C. R. Grafton		
Father's Birthplace			Ind.		
Mother's Birthplace			Ind.		
How related to deceased			Father		

CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	<u>Broncho Pneumonia</u>		How long	<u>3 days</u>
Immediate	<u>Exhaustion</u>		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		<u>Robert S. Pandy</u>		
Address		<u>Bel Air</u>		
Accident or Suicide?				

Mt. Zion

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Name  
in  
Full

Violet Hall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>jarrettsville</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>			
Date of death <i>1909</i>	Month <i>march</i>	Day <i>31</i> <sup>Day</sup>	Age <i>12</i> <sup>Years</sup>	Months <i>7</i>	Days <i>17</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>jarrettsville</i>		
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>jarrett Hall</i>		Father's Birthplace <i>Harford Co.</i>			
Mother's Maiden Name <i>julia Ann Thomas</i>		Mother's Birthplace <i>Harford Co.</i>			
Name of person giving information <i>George Thomas</i>		How related to deceased <i>Grandfather</i>			

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	<i>Congestion of the Brain</i>	How long	<i>Two days.</i>
Immediate	<i>Convulsion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>F. E. Rigdon M.D.</i>
		Address	<i>jarrettsville, Ind.</i>
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Abundeen</i> <small>Town</small>		<i>Harpur</i> <small>County</small>		<b>MARYLAND</b>
	Date of death <i>1909</i> <small>Month</small> <i>Mar</i> <small>Day</small> <i>14</i>		Age <i>69</i> <small>Years</small>		<small>Months</small> <small>Days</small>
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>
	Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Abundeen</i>		
	Married, <del>or Widowed</del> <i>Married</i>		Name of Wife or Husband <i>Fredrick Hinkson</i>		
	Father's Name <i>Benedict H. Hanson</i>		Father's Birthplace <i>Ind.</i>		
	Mother's Maiden Name <i>Lydia Barnes</i>		Mother's Birthplace <i>Ind.</i>		
	Name of person giving information <i>Bessie L. Hinkson</i>		How related to deceased <i>Daughter</i>		
<b>CAUSES OF DEATH</b>					
PHYSICIAN OR CORONER	Primary <i>Tuberculosis</i>		How long <i>Six Mo.</i>		
	Immediate <i>Heart Failure</i>		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. J. Hinkson</i>		
			Address <i>Pennington</i>		
			<i>Ind.</i>		
Accident or Suicide?					

27

Churchville

Please forward permit  
as per letter  
N.S.T.S.

Name  
in  
Full

Wm B. Hopkins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

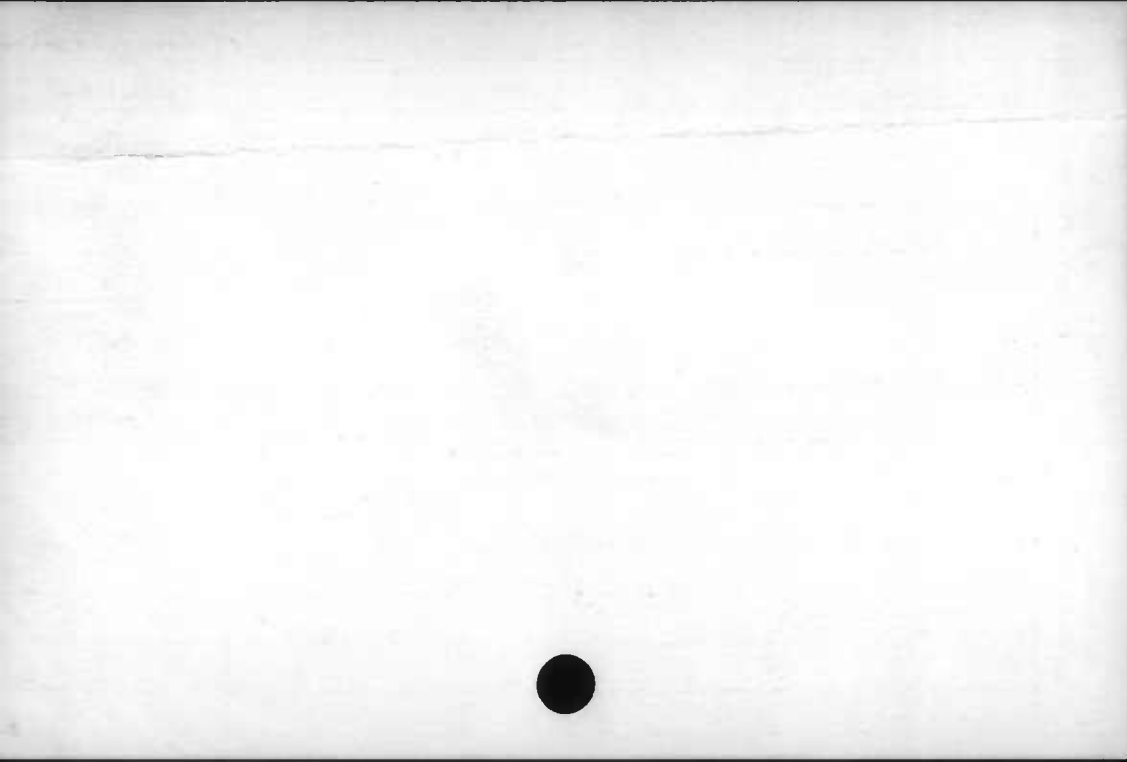
Died at <i>Saulsands</i>		County <i>Harford</i>		MARYLAND	
Date of death	1909	Month	March	Day	25
Age	66	Years		Months	8
Sex	Male	Color or Race	White	Birth-place	Harford Co. Md
Occupation	Farmer	Where Residing if not at place of death	Same		
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth Stephenson		
Father's Name	James Lee Hopkins	Father's Birthplace	Harford Co. Md		
Mother's Maiden Name	Amanda Dallam	Mother's Birthplace	Harford Co. Md		
Name of person giving Information	J. L. Hopkins	How related to deceased	Son		

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	arterial degeneration	How long	2 or 3 years
Immediate	Cerebral Hemorrhage	How long	4 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R. H. Smith
		Address	Stave de Grace Md
Accident or Suicide			





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Benjamin Franklin King*

Town *Madonna* County *Harford* MARYLAND

Died at *Madonna*

Date of death *1909* Month *March* Day *24* Age *68* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Madonna*

Occupation *Farm Hand* Where Residing if not at place of death *Madonna*

Married, Single or Widowed *Single* Name of Wife or Husband *Single*

Father's Name *Lewis King* Father's Birthplace *Long Run*

Mother's Maiden Name *Jane Hays* Mother's Birthplace *Aspsville*

Name of person giving Information *Joseph Catheart* How related to deceased *None*

CAUSES OF DEATH

Primary *Bright's Disease*

Immediate *—*

**120**

How long *4 months*

How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*J. J. Turner M.D.*  
*White Hall*  
*Ma.*

Accident or Suicide



Name in Full <b>Sarah M. Kirk</b>		CERTIFICATE OF DEATH	
Died at <b>Darlington</b> <small>Town</small>		<b>Harford</b> <small>County</small>	
Date of death <b>1909 Mar 8</b> <small>Month Day</small>		<b>Age 66</b> <small>Years</small>	
<b>Female</b> <small>Sex</small>		<b>White</b> <small>Color or Race</small>	
<b>Housewife</b> <small>Occupation</small>		<b>Hopewell, Md.</b> <small>Birth-place</small>	
<b>Married</b> <small>Married, Single or Widowed</small>		<b>John P. Kirk</b> <small>Name of Wife or Husband</small>	
<b>Samuel T Baldwin</b> <small>Father's Name</small>		<b>Hopewell, Md.</b> <small>Father's Birthplace</small>	
<b>Frances Laughlin</b> <small>Mother's Maiden Name</small>		<b>Hopewell, Md.</b> <small>Mother's Birthplace</small>	
<b>John P. Kirk</b> <small>Name of person giving information</small>		<b>Husband.</b> <small>How related to deceased</small>	
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH	
		154	
Primary		How long	
Immediate <b>General Debility</b>		How long <b>five weeks.</b>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>J. H. S. Rias</b>	
		Address <b>Darlington, Md.</b>	
Accident or Suicide?			



Name in Full		MAY, JANE, McKEE				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Near Sharps		County Harford Co.		MARYLAND	
	Date of death	1909	Month May	Day 18	Age 62	Years 62	Months 0
	Sex	Female		Color or Race	White		Birth-place Harford Co.
	Occupation	House Wife			Where Residing if not at place of death		
	Married, Single Widowed	Widowed		Name of Wife or Husband Wm McKee			
	Father's Name	John Ely				Father's Birthplace	Harford Co.
	Mother's Maiden Name	Hannah Lucher				Mother's Birthplace	Harford Co.
	Name of person giving information	Robt McKee				How related to deceased	Son
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Bright's Disease				How long	Several months
	Immediate	Exhaustion & Heart failure				How long	—
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician H. F. Bradley		
					Address Gamettville		
Accident or Suicide?		Ind.					

Coastown

Name  
in  
Full

Henry W. Macatee

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

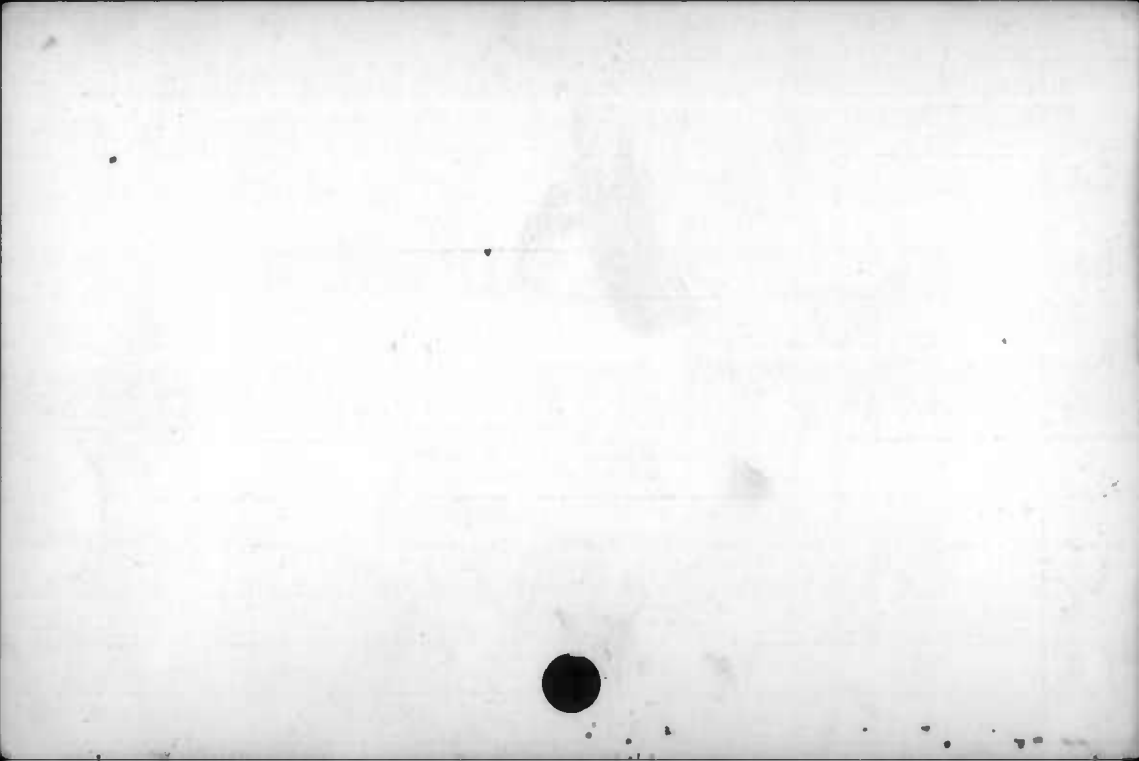
Died at <i>Pyleville</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	Month <i>March</i>	Day <i>12</i>	Age <i>77</i> <small>Years</small>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Chesapeake Ind.</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Pyleville Ind.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Sylvester Macatee</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Jane Butler</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving Information <i>Miss Fennie Macatee</i>	How related to deceased <i>niece</i>				

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>4 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Charles H. Paman</i>
<i>Yes.</i>	Address <i>Street - P.D.</i>
Accident or Suicide?	<i>Ind.</i>





Name  
in  
Full14  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

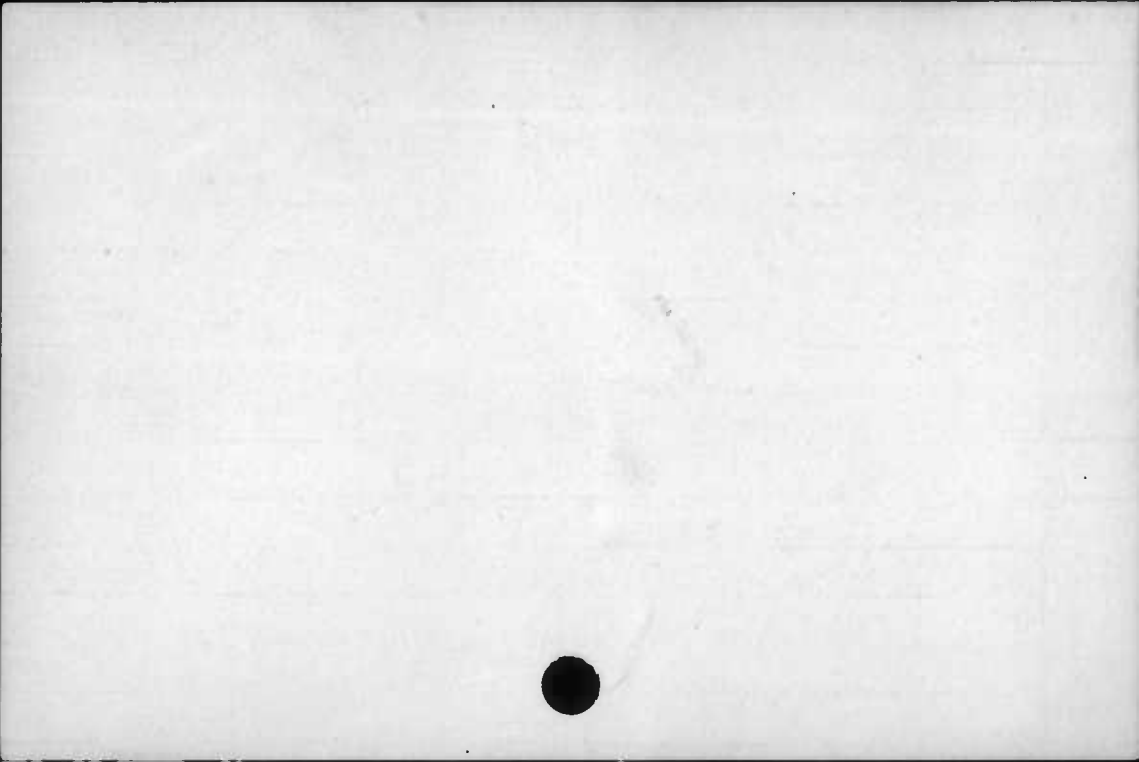
Died at <i>Hayford Furnace</i>		Town <i>Hayford</i>		County <i>Hayford</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>3</i>		Day <i>31</i>		Age <i>80</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Months <i>—</i> Days <i>—</i>	
Occupation <i>Farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>				Name of Wife or Husband			
Father's Name <i>John Mehl</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>don't know</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>John Mehl</i>				How related to deceased <i>Son</i>			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Egypsiema</i>	How long <i>3 years</i>
Immediate <i>Pneumonia Acute</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J.A. Callahan</i>
	Address <i>Belcamp</i>
Accident or Suicide? <i>No</i>	<i>md</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

Ruben Andrew Presbery  
Died at <sup>Town</sup> Darlington <sup>County</sup> Harford

MARYLAND

Date of death 1909 <sup>Month</sup> Mar. <sup>Day</sup> 4<sup>th</sup> Age <sup>Years</sup> 2 <sup>Months</sup> 4 <sup>Days</sup> 19Sex Male Color or Race Colored Birth-place Darlington Md

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name Robert PresberyFather's Birthplace Harford Co Md.Mother's Maiden Name Mary HensertMother's Birthplace Harford Co Md.Name of person giving information Robert PresberyHow related to deceased Father.

## CAUSES OF DEATH

179

Primary

How long

Immediate

How long 6 mo.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. Tobias  
Darlington, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Mrs. Ellen Rampley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

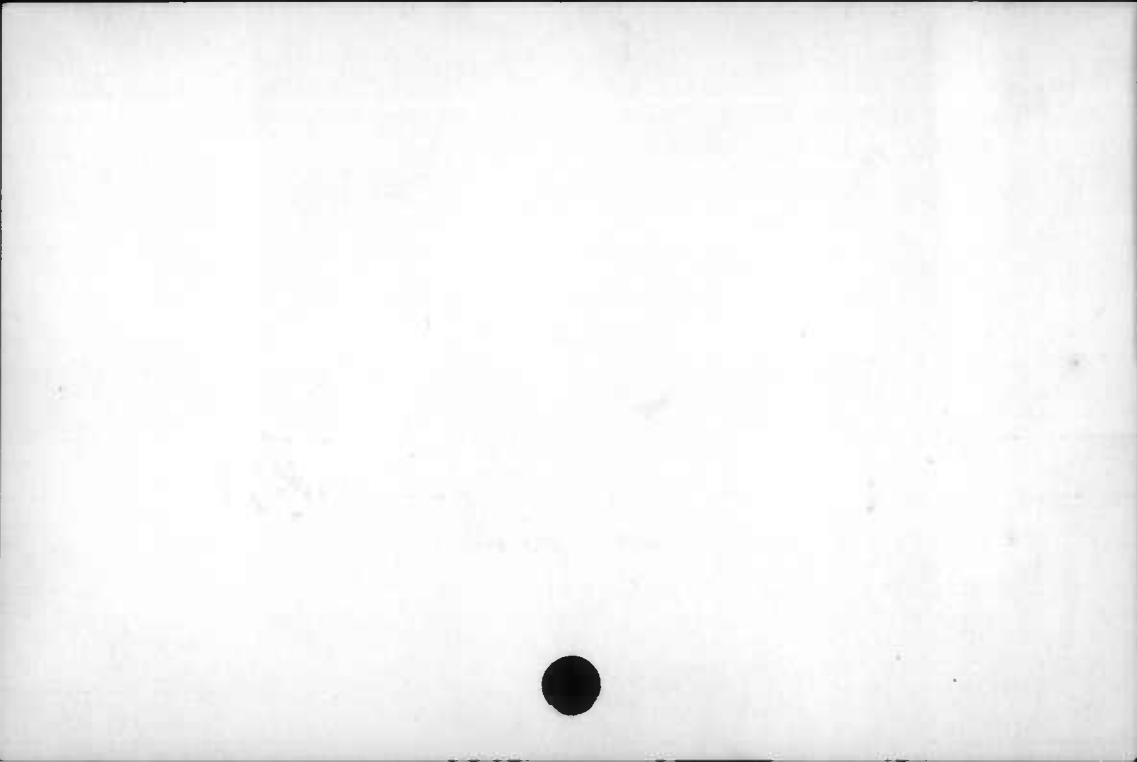
Died at <i>Pylesville</i> <small>Town</small>		<i>Harford, Co.</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i> <small>Year</small>	<i>Mar.</i> <small>Month</small>	<i>26-</i> <small>Day</small>	<i>57</i> <small>Years</small>	<i>11</i> <small>Months</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Harford Co., Md.</i>
Occupation	<i>Housekeeper</i>		Where Residing if not at place of death <i>Pylesville, Md.</i>		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband	<i>William Rampley</i>		
Father's Name	<i>James Thompson</i>			Father's Birthplace	<i>The Tramm</i>
Mother's Maiden Name	<i>Sarah Gladden</i>			Mother's Birthplace	<i>" "</i>
Name of person giving information	<i>Sarah M. Kunkle</i>			How related to deceased	<i>Slaughter.</i>

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Diffused Nephritis - Mitral and Aortic Regurgitation</i>	How long	<i>10 years</i>
Immediate	<i>Cardiac dilatation and failing compensation</i>	How long	<i>About 3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M. H. Smith M.D.</i>		
	Address <i>New Park, Pa.</i>		
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Louisa R Richardson

Died at <sup>Town</sup> *Hare de Grace* <sup>County</sup> *Harford* **MARYLAND**Date of death 190 <sup>Month</sup> *9* <sup>Day</sup> *23* Age <sup>Years</sup> *—* <sup>Months</sup> *—* <sup>Days</sup> *—*Sex *Female* Color or Race *Black* Birth-place *Hare de Grace*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *John Richardson* Father's Birthplace *Hare de Grace*Mother's Maiden Name *Harriet Leager* Mother's Birthplace *Hare de Grace*Name of person giving Information *John Richardson* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Eclampsia* How long *2 or 3 hours*Immediate *uræmic poisoning (Stiehr's)* How long *—*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. L. Hopkins*Address *Hare de Grace*Accident or Suicide *—*PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Margaret J. Krupp* Town *Bel Air* County *Harford* MARYLAND

Died at *Bel Air*

Date of death 1909 3 7 Age \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days *14*

Sex *Female* Color or Race *Black* Birth-place *B. Ind.*

Occupation \_\_\_\_\_ Where Residing if not at place of death *Bel Air*

~~Married~~ Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *Wesley Krupp* Father's Birthplace *Ind.*

Mother's Maiden Name *Ella Taylor* Mother's Birthplace *Ind.*

Name of person giving information *Wesley Krupp* How related to deceased *Father*

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary *Unknown. Parents "thought I died"* How long \_\_\_\_\_

Immediate *had a cold & it died that night."* How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Robert C. Post*

*Bel Air*

Accident or Suicide?

Tabernacle

Name in Full		Benedict S. Saddle				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Brynmor	County Harford	MARYLAND		
		Date of death		Month 3	Day 16	Years 9	Months 	Days 
		Sex		Male		Color or Race	white	
		Occupation		none		Birth-place	Harford Co.	
						Where Residing If not at place of death		
		Married, Single or Widowed		single		Name of Wife or Husband		
		Father's Name		Addison Saddle		Father's Birthplace		Ind.
Mother's Maiden Name		Elizabeth Bussy		Mother's Birthplace		Ind.		
Name of person giving information		Addison Saddle		How related to deceased		father		
PHYSICIAN OR CORONER		<div style="border: 1px solid black; padding: 5px; display: inline-block;">CAUSES OF DEATH</div>						
		Primary				How long		
		Accident				166		
		Immediate				How long		
		Probably shock				2 hours		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		J. Lee Hughes		
				Address		Bel Air		
						Ind.		
Accident or Suicide?								

Ignatius

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Name  
in  
Full

Mauds. Sanders.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

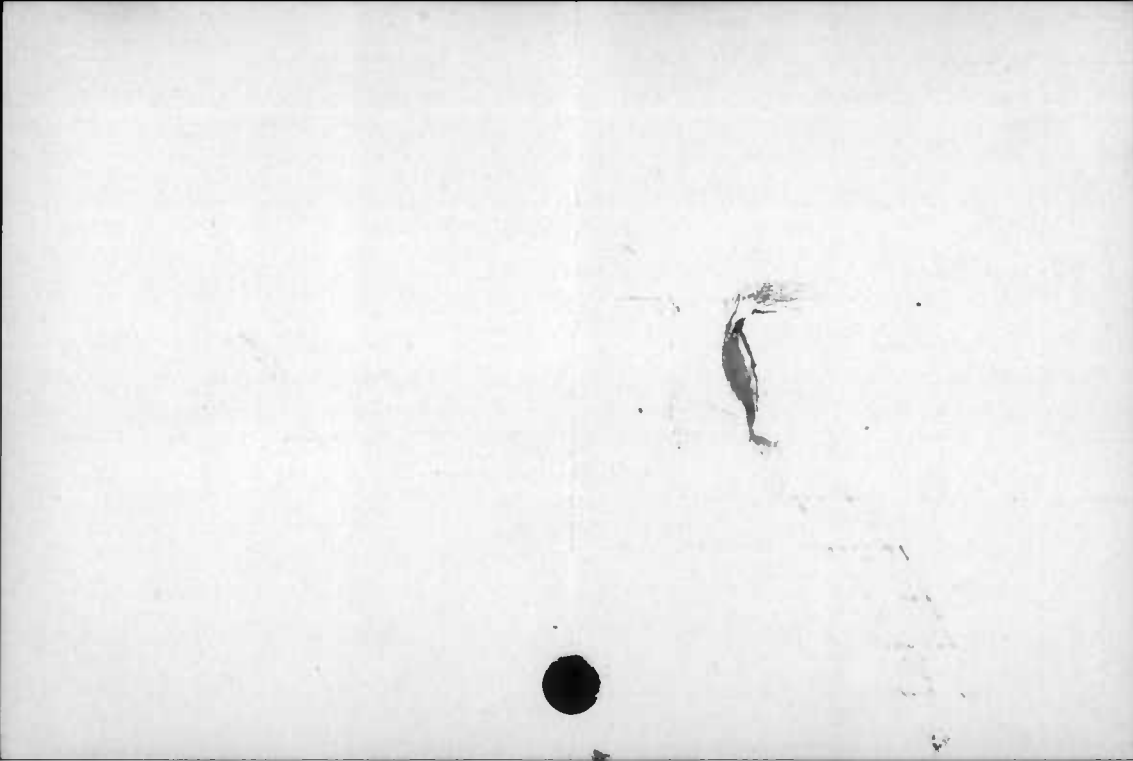
Died at <i>Pylesville</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death <b>1909</b>	Month <i>March</i>	Day <i>8th</i>	Age	Years	Months <i>31</i> Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Pylesville Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Charles Sanders</i>			Father's Birthplace <i>Tenna</i>		
Mother's Maiden Name <i>Rose Buyle</i>			Mother's Birthplace <i>Tenna</i>		
Name of person giving information <i>Charles Sanders</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>1 week</i>
Immediate	<i>Pneumonia</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Vallie Hawkins M.D.</i>	
		Address <i>Fawn Groop Ps</i>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Philip J. Scarborough*

Town *Seabrook* County *Harford* MARYLAND

Died at *Seabrook*

Date of death *1907* Month *March* Day *8* Age *74* Years Months *6* Days *27*

Sex *Male* Color or Race *white* Birthplace *Seabrook*

Occupation *Laborer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Ann T. Scarborough*

Father's Name *Henry Richard Scarborough* Father's Birthplace *Seabrook*

Mother's Maiden Name *Elizabeth Albert* Mother's Birthplace *Seabrook*

Name of person giving information *H. C. Thompson* How related to deceased *Not at all*

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

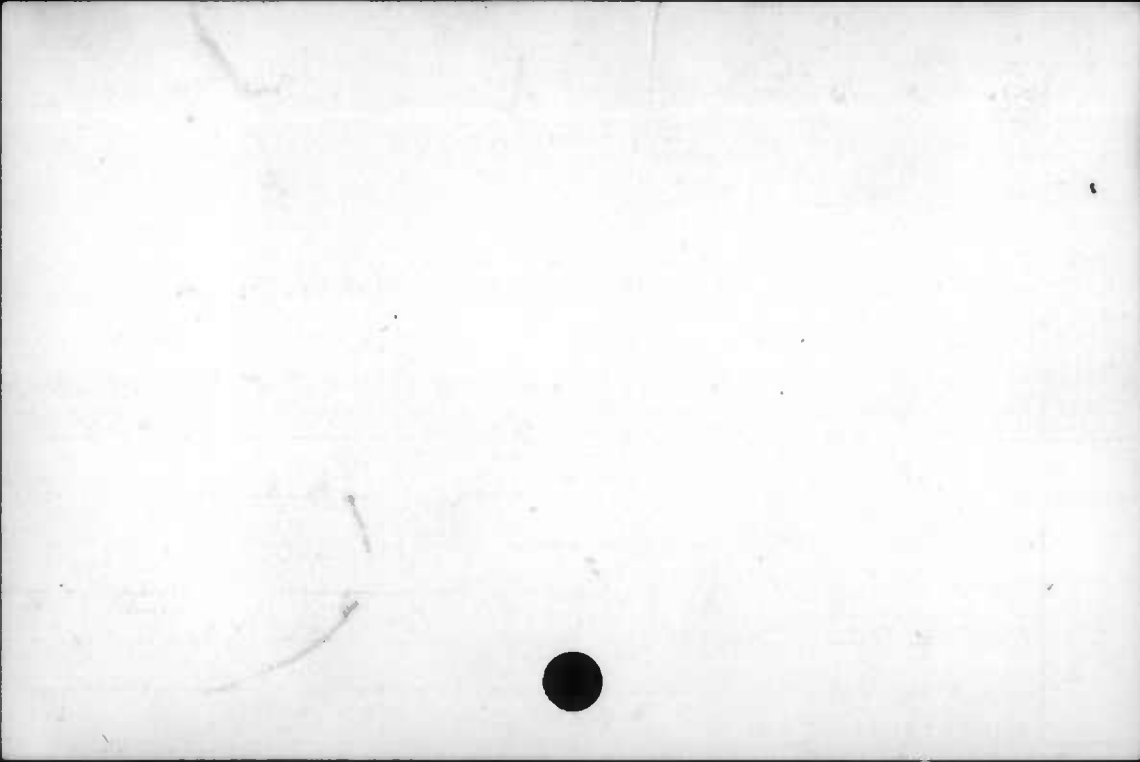
Primary *old age* How long *—*

Immediate *Organic Heart disease* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *D. H. E. Arthur* Address *Cardiff Md*

Accident or Suicide? *No*





Name  
in  
Full

Minnie E. Thompson

## CERTIFICATE OF DEATH

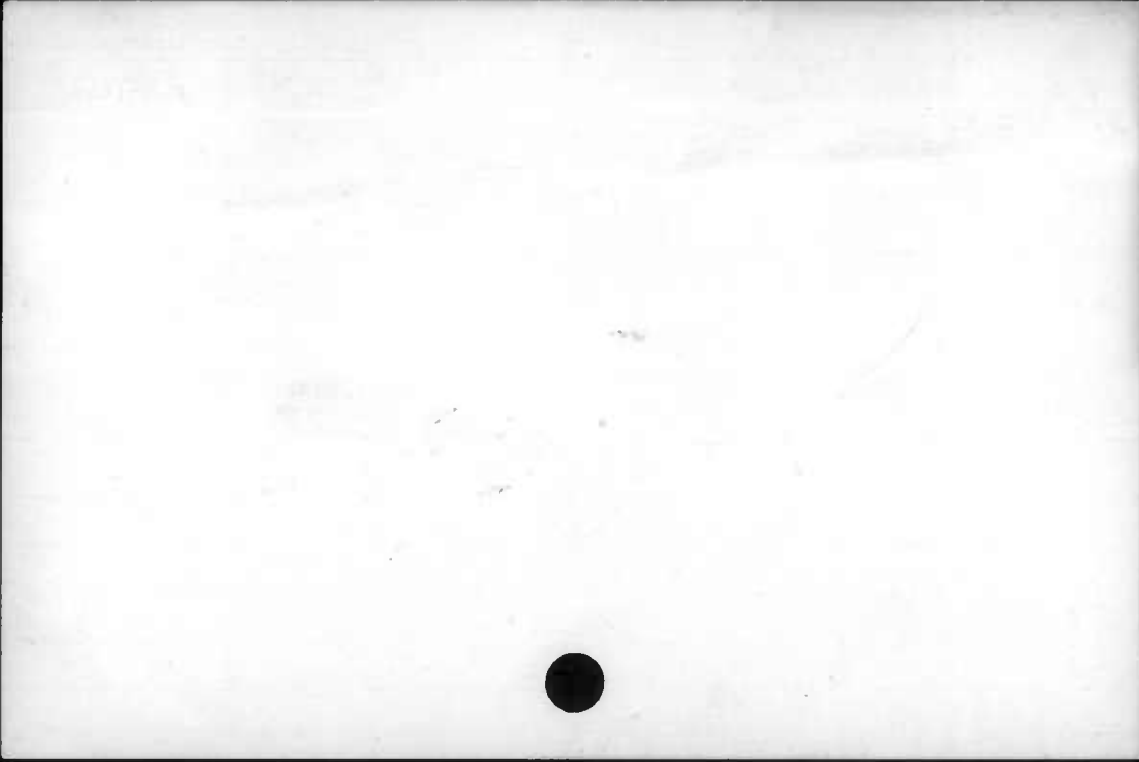
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> near Aberdeen		<sup>County</sup> Harford		MARYLAND	
Date of death	190 9	Month	March	Day	18
Age		26		Months	—
Sex	Female	Color or Race	white	Birth-place	Howe de Grace, Md.
Occupation	House wife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of <del>Wife or</del> Husband	Nora R. Thompson		
Father's Name	Refus Wells	Father's Birthplace	Balto. Md.		
Mother's Maiden Name	Sarah M. Barnes	Mother's Birthplace	Howe de Grace, Md.		
Name of person giving Information	Sarah M. Wells	How related to deceased	Mother.		

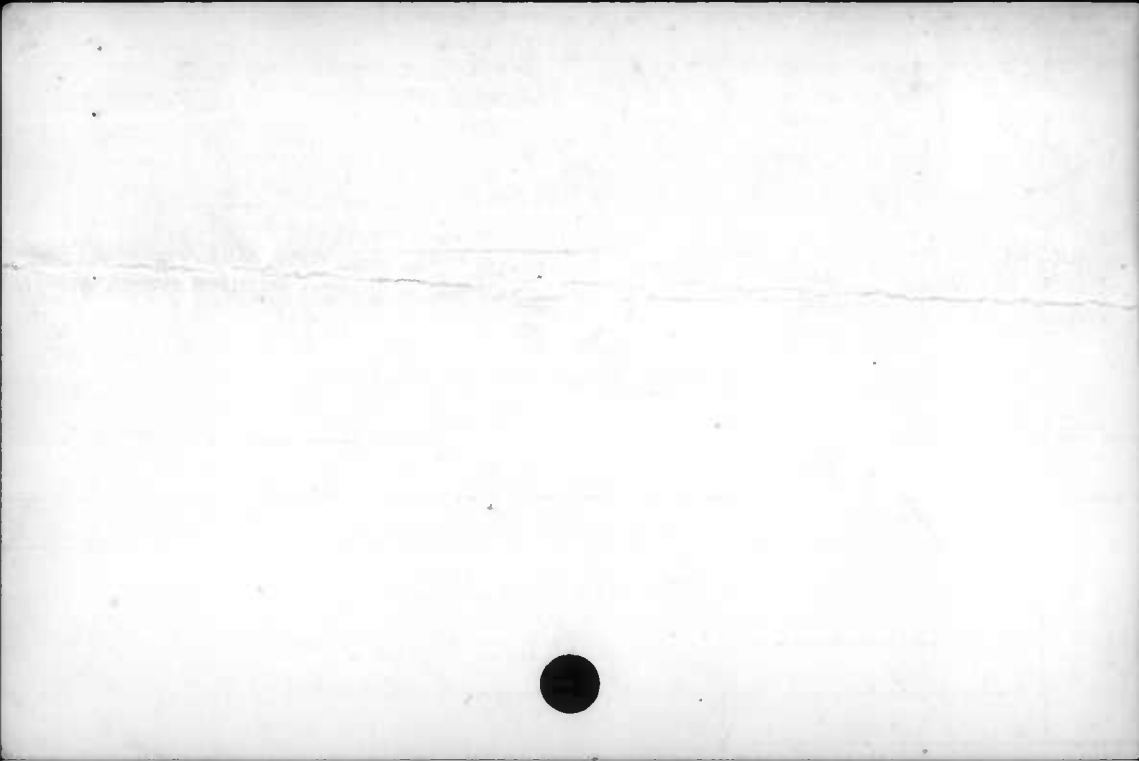
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Phthisis	How long	27	in years
Immediate	Heart failure	How long	—	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	D. H. H. H. H.	
		Address	Aberdeen, Md.	
Accident or Suicide	—			



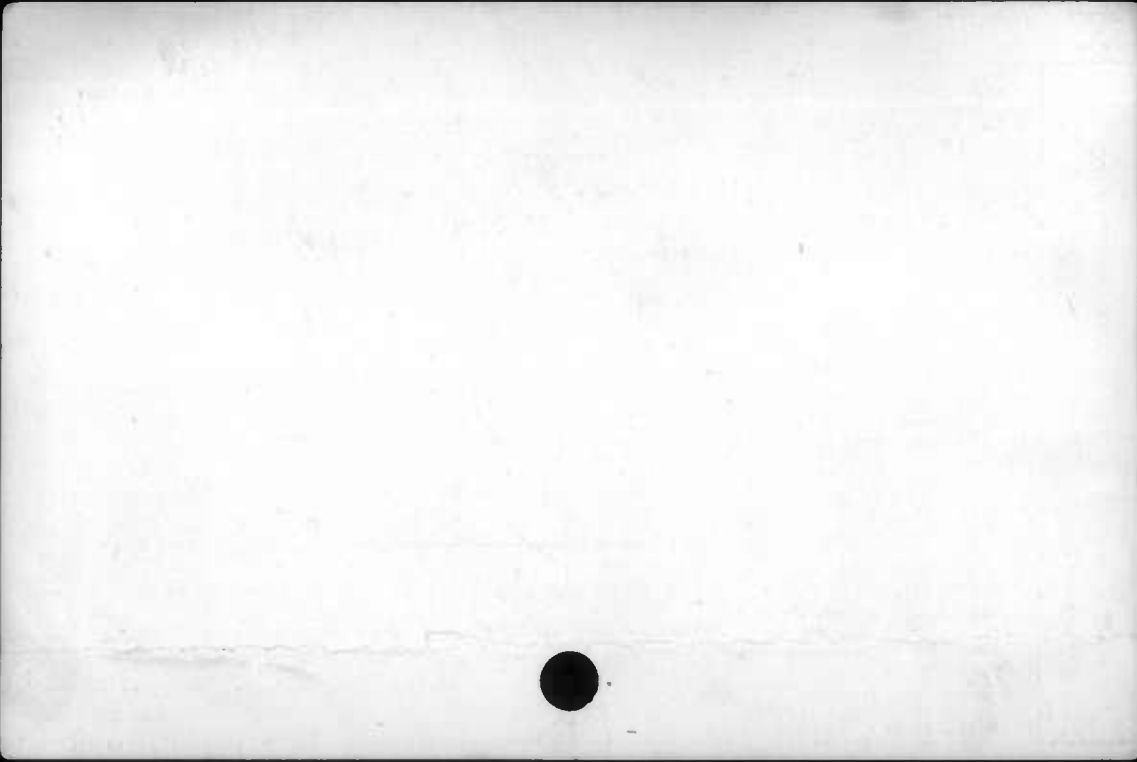
Name in Full <b>Richard E. Wickham</b>		CERTIFICATE OF DEATH	
Died at <b>The Rocks</b> Town		County <b>Hager</b>	
Date of death <b>1907</b>		Month <b>March</b>	Day <b>4</b>
Age <b>26</b>		Years	Months <b>3</b>
Sex <b>Male</b>		Color or Race <b>White</b>	Birthplace <b>The Rocks</b>
Occupation <b>Farmer</b>		Where Residing if not at place of death <b>The Rocks Md.</b>	
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband	
Father's Name <b>George Wickham</b>		Father's Birthplace <b>W. Va.</b>	
Mother's Maiden Name <b>Rebecca Tate</b>		Mother's Birthplace <b>W. Va.</b>	
Name of person giving Information <b>Walter Campbell</b>		How related to deceased <b>Son</b>	
CAUSES OF DEATH			
Primary <b>Pneumonia</b>		How long <b>9 days</b>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Charles H. Farnsworth</b>	
		Address <b>Steep St.</b>	
Accident or Suicide?		<b>Prof.</b>	



Name in Full		James A. Watters				CERTIFICATE OF DEATH	
		Town Pleasantville		County Harford		MARYLAND	
		Died at					
		Date of death		Age		Months Days	
		1909 Mar 18		64		None 9	
		Sex Male		Color or Race White		Birth-place Md.	
		Occupation Farmer		Where Residing if not at place of death		Md.	
		Married, <del>Single</del> or Widowed		Name of Wife or Husband		Annie M. Watters	
		Father's Name		Father's Birthplace		Md.	
		Mother's Maiden Name		Mother's Birthplace		Md.	
		Name of person giving information		How related to deceased		Wife	
				CAUSES OF DEATH		27	
		Primary		Pulmonary Tuberculosis		How long Two Years	
		Immediate		Heart Failure		How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		G. H. Davis M.D.	
		Yes		Address		Pleasantville Md	
		Accident or Suicide?					

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

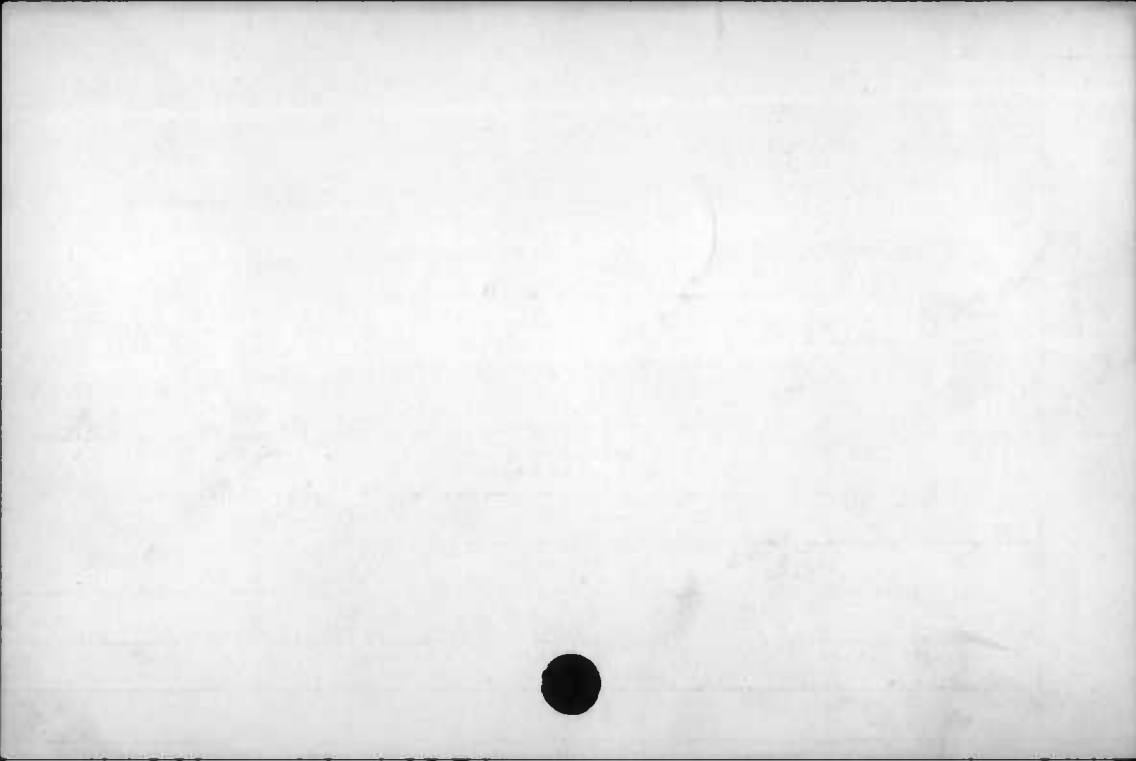
Died at <i>Bel Air</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i> <sup>Year</sup>	<i>Mar</i> <sup>Month</sup>	<i>23</i> <sup>Day</sup>	Age <i>38</i> <sup>Years</sup>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Ind.</i>			
Occupation <i>Servant</i>	Where Residing if not at place of death <i>Bel Air</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Anna Westcott</i>				
Father's Name <i>Mark Prigg</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Louisa Sims</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Lavah Brown</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Rheumatism</i>	How long <i>—</i>
Immediate <i>Bright's Disease</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas Richardson</i>
	Address <i>Bel Air</i>
Accident or Suicide? <i>—</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

Mary. Williams

TO BE ANSWERED BY  
NEAREST FRIEND

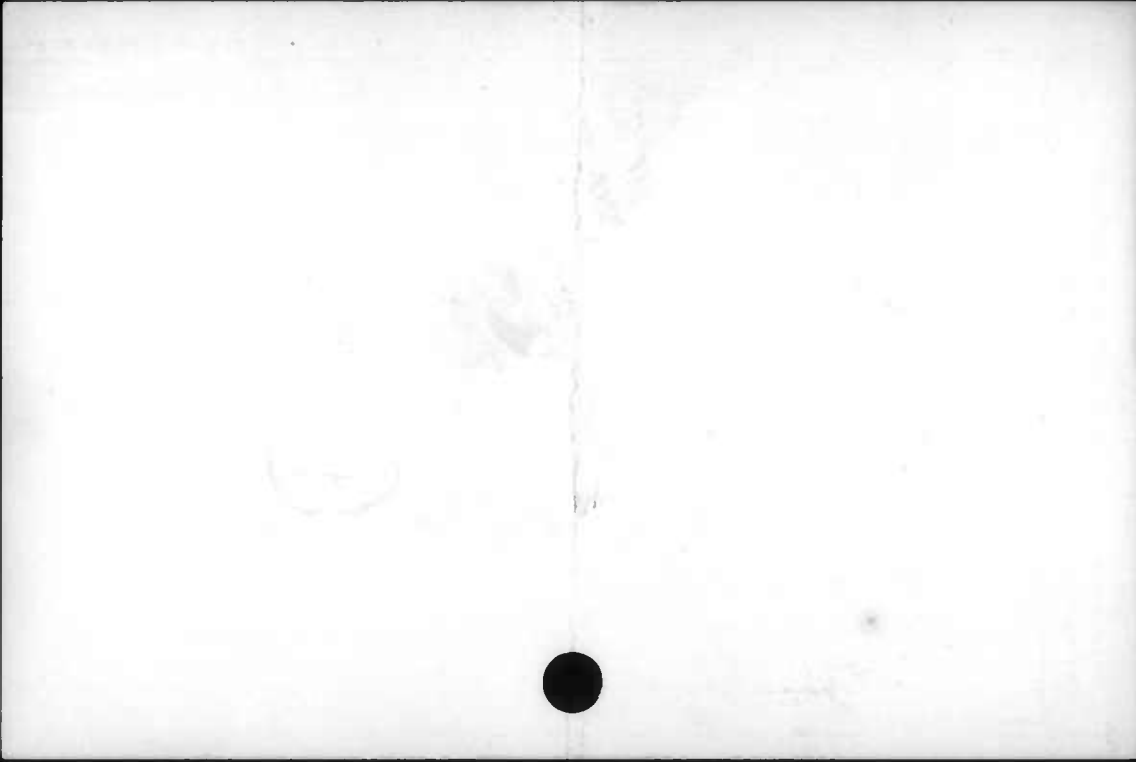
Died at *Cardiff* <sup>Town</sup> *Harford.* <sup>County</sup>  
 Date of death 1909 *Mar* <sup>Month</sup> *16* <sup>Day</sup> Age *60* <sup>Years</sup> Months *—* Days *13*  
 Sex *Female.* Color or Race *White* Birth-place *Wales*  
 Occupation *Housewife* Where Residing if not at place of death  
 Married, ~~Single~~ *Widowed* Name of Wife or Husband *Thos J Williams*  
 Father's Name *John. Parry.* Father's Birthplace *Wales*  
 Mother's Maiden Name *Elenor. Thomas* Mother's Birthplace *Wales*  
 Name of person giving Information *Thos J. Williams* How related to deceased *Husband*

## CAUSES OF DEATH

43

PHYSICIAN  
OR CORONER

Primary *Cancer of breast.* How long *18 mos.*  
 Immediate *Heart Failure* How long  
 Are the name, age, sex, color, date and place correctly given above? *Yes*  
 Signature of Physician *Wm. Parry.*  
 Address *Deila Pa.*  
~~Accident or Suicide~~



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harrods Grace</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND						
Date of death	1909	Month	3	Day	6	Age	70	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birth-place	<i>Pennsylvania</i>			
Occupation	<i>Labo</i>			Where Residing if not at place of death		<i>H. de Grace</i>				
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>Sarah young</i>					
Father's Name	<i>Unknown</i>					Father's Birthplace	<i>Unknown</i>			
Mother's Maiden Name	<i>Unknown</i>					Mother's Birthplace	<i>Unknown</i>			
Name of person giving Information	<i>Mary Smith</i>					How related to deceased	<i>None</i>			

## CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

Primary	<i>Sarcoma of throat</i>	How long	<i>2 or 3 years</i>
Immediate	<i>Strangulation</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. Lee Hopkins</i>
		Address	<i>Harrods Grace</i>
Accident or Suicide			<i>yes</i>

